

# thorneharbour

## health\*

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### Submission on the ten-year social and affordable housing strategy for Victoria

Safe housing for LGBTIQ+ people

9 April 2021

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### Thorne Harbour Health

Thorne Harbour Health is one of Australia's largest community-controlled health service providers for people living with HIV, and the lesbian, gay, bisexual, trans and gender diverse, intersex, queer and other diverse (LGBTIQ+) communities. Thorne Harbour Health primarily services Victoria and South Australia, but also leads national projects. Thorne Harbour Health works to protect and promote the health and human rights of LGBTIQ+ people and all people living with HIV.

This submission is endorsed by:



Rainbow  
Health  
Victoria



Victorian Pride Lobby

200 Hoddle St, Abbotsford VIC 3067 | ABN 52 907 644 835

T – +61 3 9865 6700 | E – [jonathan.meddings@thorneharbour.org](mailto:jonathan.meddings@thorneharbour.org) | W – [www.thorneharbour.org](http://www.thorneharbour.org)

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# 1. Introduction

Thorne Harbour Health welcomes the opportunity to provide input to Victoria's *Ten-Year Social and Affordable Housing Strategy* (the Strategy). Thorne Harbour Health trusts that this submission will inform the Strategy's direction in relation to housing and homelessness support for Victorians from lesbian, gay, bisexual, trans and gender diverse, intersex, queer and other sexually and gender diverse (LGBTIQ+) communities.

LGBTIQ+ people remain invisible in most mainstream housing and homelessness services, the vast majority of which do not collect data on sexual orientation, gender identity, or intersex status. LGBTIQ+ communities have also been largely absent from homelessness and housing policy, strategy, and funding, despite experiencing housing insecurity and homelessness at significantly higher rates than non-LGBTIQ+ people.

This submission focuses on the population-specific housing and wraparound support service needs of LGBTIQ+ communities and recommends tangible actions to ensure safe, targeted, and person-centred housing and homelessness services.

Most importantly, to ensure safe service provision and enable consumer choice, it is recommended that support be delivered through a mix of trusted community-controlled LGBTIQ+ housing support services and mainstream services that are adequately trained and LGBTIQ+ inclusive.

The \$5.3 billion Big Housing Build and the promise of an additional 12,000 new properties go a long way to addressing the Victorian population's housing needs, but we need to go further. This effort to boost the state's social housing stock must be the first step in a long-term plan to meet vulnerable Victorians' housing needs. In particular, we must ensure that community-controlled LGBTIQ+ housing support is available throughout Victoria for LGBTIQ+ people. Housing Plus is an existing, state-wide, community-controlled housing support program for people living with HIV, and it should be expanded to support LGBTIQ+ people.

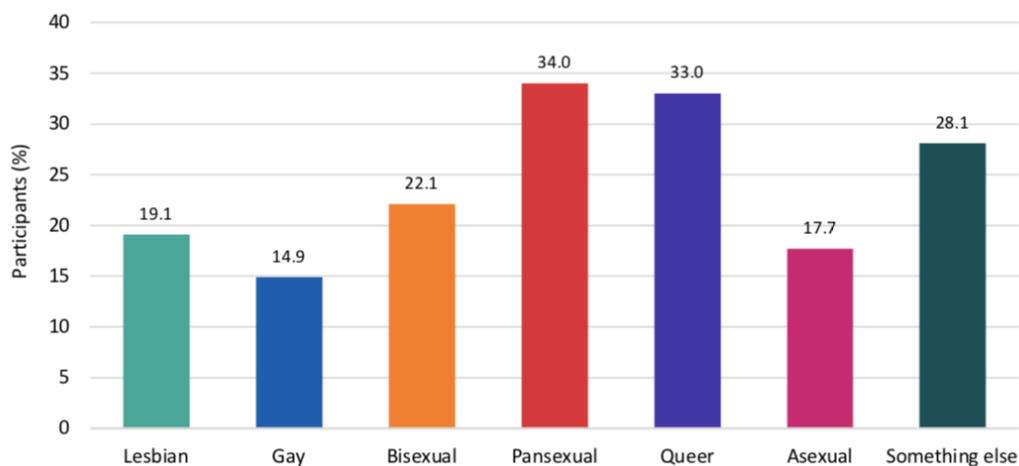
## 2. Summary of recommendations

1. Identify LGBTQTIQ+ communities as a priority group requiring targeted, tailored, comprehensive and person-centred housing, homelessness and wraparound services and support.
2. Address the needs, vulnerabilities and preferences of LGBTQTIQ+ people by including these communities in housing and homelessness policy, strategy, funding and data collection.
3. Earmark a proportion of social housing constructed by Victoria's Big Build specifically to tackle the epidemic of LGBTQTIQ+ homelessness and give community-controlled LGBTQTIQ+ housing support services priority on the nomination rights for these properties.
4. Sustainably fund Thorne Harbour Health's Housing Plus program to expand its community-controlled housing support offering to enable it to service LGBTQTIQ+ Victorians.
5. Sustainably fund Thorne Harbour Health to provide home care for LGBTQTIQ+ people, including those accessing Housing Plus following implementation of recommendation 4.
6. Amend the *Equal Opportunity Act (Vic) 2010* to remove permanent statutory exceptions that allow religious bodies to discriminate against LGBTQTIQ+ people and others on the basis of what would otherwise be protected attributes in relation to employment and service provision.
7. Fund mainstream housing and homelessness services to engage in LGBTQTIQ+ training and obtain Rainbow Tick accreditation.
8. Provide training and resources to all Victorian real estate agencies to promote LGBTQTIQ+ cultural understanding and a safer and more accepting environment.
9. Require, as part of their funding agreements, that all Victorian Government-funded housing and homelessness services demonstrate they are LGBTQTIQ+ inclusive, including by incorporating a requirement to adhere to standardised LGBTQTIQ+ inclusive practice guidelines.
10. Require, as part of their funding agreements, that all Victorian Government-funded housing and homelessness services collect LGBTQTIQ+ data to ensure they can understand and respond to the diversity of the clients using their services.
11. HIV status, LGBTQTIQ+ status, and being under age 21 should be indicated on the Vulnerability Index / Prioritisation Tool and considered distinct categories of prioritisation for housing.
12. Do not impose limits on transitional housing placements that will harm the most vulnerable Victorians. The Big Build will help reduce pressure on transitional housing and better enable it to function as intended by increasing social and affordable housing stock.

## 3. LGBTIQ+ homelessness

### 3.1. LGBTIQ+ people experience higher rates of homelessness

Data from the Victorian *LGBTQ Homelessness Research Project* and the Australian Bureau of Statistics indicates that 13.4% of heterosexual people have experienced homelessness, compared to 33.7% of lesbian and gay people.<sup>1</sup> Further breakdowns from the *Private Lives 3 Study* are included in Figure 1.



**Figure 1** Ever experienced homelessness by sexual orientation.<sup>2</sup>

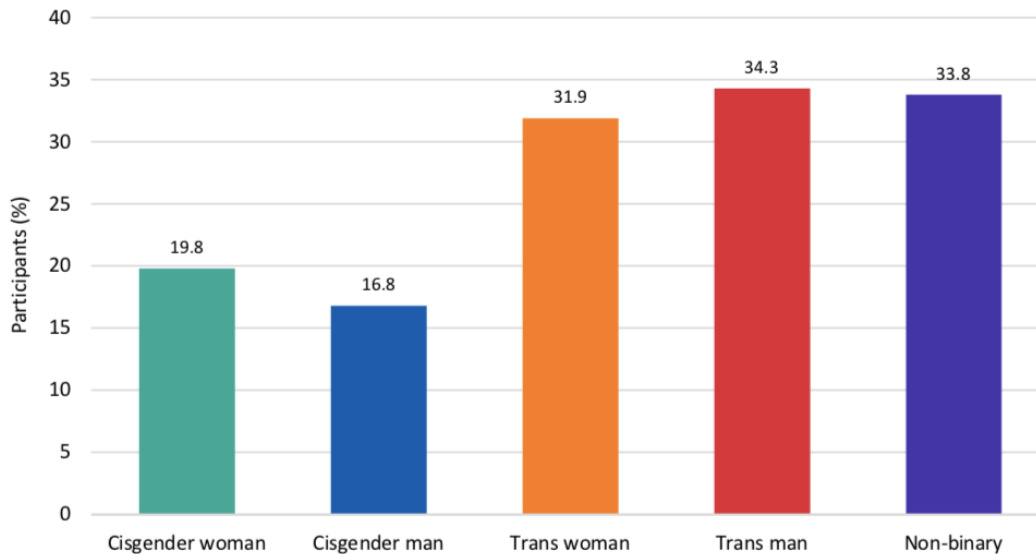
The situation can be worse for trans and gender diverse people. *Private Lives 3* found that trans and gender diverse people experience higher rates of homelessness than cisgender people.<sup>3</sup> The survey found that 34.3% of trans men, 33.8% of non-binary participants and 31.9% of trans women reported ever experiencing homelessness, compared to 19.8% of cisgender women and 16.8% of cisgender men (Figure 2). These statistics are all the more concerning given three in ten trans and gender diverse people report having experienced barriers to housing and/or accessing homelessness services because of their gender identity.<sup>4</sup>

<sup>1</sup> Ruth McNair et al., 'LGBTQ homelessness: risks, resilience and access to services in Victoria' (Report, 2017) <[http://www.lgbtihomeless.org.au/wp-content/uploads/2018/04/LGBTQ-Homelessness-project-Final-report-September-2017-Final\\_.pdf](http://www.lgbtihomeless.org.au/wp-content/uploads/2018/04/LGBTQ-Homelessness-project-Final-report-September-2017-Final_.pdf)>

<sup>2</sup> Adam Hill et al., 'Private Lives 3: The Health and Wellbeing of LGBTQ People In Australia' (Report, 2020) <[https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.



**Figure 2** Ever experienced homelessness by gender.<sup>5</sup>

### 3.2. LGBTIQ+ people experience higher rates of risk factors for homelessness

Common risk factors and pathways to homelessness include family violence, mental ill-health, substance misuse and financial stress.<sup>6</sup> LGBTIQ+ people experience these risk factors at disproportionately higher rates when compared to the non-LGBTIQ+ population.<sup>7</sup>

Family rejection and violence is likely to lead to homelessness at a young age and increase reliance on friends or community groups for support. In their population-representative sample of LGBTIQ+ Victorians, the Victorian Agency for Health Information found that 13.4% of LGBTIQ+ Victorians reported an experience of family violence in the two years before the survey.<sup>8</sup> One-quarter of participants in *Private Lives 3* reported that their experiences of homelessness were related to being LGBTIQ+ and around a third reported family rejection or family violence as circumstances related to homelessness.<sup>9</sup> Family rejection and violence based on sexual orientation or gender identity is a significant cause of homelessness among LGBTIQ+ people.

LGBTIQ+ people experience significantly higher rates of depression, anxiety, substance misuse, self-harm, suicidal ideation and suicide than people not from these communities.<sup>10</sup> Australian and international research suggests that LGBTIQ+ people tend to use alcohol and other drugs two to four times the rate of non-LGBTIQ+ people.<sup>11</sup> In *Private Lives 3*, 13.4% of

<sup>5</sup> Op cit 2.

<sup>6</sup> Op cit 1.

<sup>7</sup> Victorian Agency for Health Information, *The Health and Wellbeing of the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer Population in Victoria: Findings from the Victorian Population Health Survey 2017 (2020)* <<https://www.bettersafecare.vic.gov.au/reports-and-publications/vphs2017-lgbtqi%3E>>

<sup>8</sup> Ibid.

<sup>9</sup> Op cit 2.

<sup>10</sup> Lea, Toby, John de Wit and Robert Reynolds, 'Minority stress in lesbian, gay, and bisexual young adults in Australia: Associations with psychological distress, suicidality, and substance use' (2014) 43(8) *Archives of Sexual Behavior* 1571

<sup>11</sup> Op cit 2.

LGBTIQ+ people that had been homeless cited substance abuse as a related circumstance.<sup>12</sup>

This data underpins the importance of addressing LGBTIQ+ people as a priority population in homelessness policy. LGBTIQ+ people require targeted, tailored, comprehensive and person-centred support; both in terms of housing support and support in addressing the drivers of homelessness among LGBTIQ+ people, such as family violence and rejection, poor mental health, and problematic substance misuse.

#### **Recommendation 1**

Identify LQBTIQ+ communities as a priority group requiring targeted, tailored, comprehensive and person-centred housing, homelessness and wraparound services and support.

### **3.3. Absence from homelessness and housing policy, strategy, funding and research**

Despite the disproportionate impacts of homelessness and housing instability on LGBTIQ+ communities, LGBTIQ+ people are often absent from homelessness and housing policy, strategy, funding, and data collection. This makes the prevalence of homelessness amongst the LGBTIQ+ population difficult to measure.

The community consultation paper released for this ten-year strategy does not recognise LGBTIQ+ communities as a priority population. Additionally, LGBTIQ+ people are not listed as a priority cohort in the 2018-2023 *National Housing and Homelessness Agreement* (NHHA) or as an additional Victorian homelessness priority cohort in the 2018 *NHHA-Bilateral Agreement*. Nor is LGBTIQ+ status recorded in the Australian Institute of Health and Welfare's homelessness data collection efforts.<sup>13</sup> This lack of information to inform policy disadvantages LGBTIQ+ people.

#### **Recommendation 2**

Address the needs, vulnerabilities and preferences of LGBTIQ+ people by including LGBTIQ+ communities in homelessness and housing policy, strategy, funding and data collection.

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<sup>12</sup> Ibid

<sup>13</sup> Australian Institute of Health and Welfare, Specialist Homelessness Services Collection (SHSC) (Website, 2020) <<https://www.aihw.gov.au/about-our-data/our-data-collections/specialist-homelessness-services-collection>>

## 4. LGBTIQ+ community-controlled housing and wraparound support services

### 4.1. Consumers want community-controlled services

As discussed in Focus Area 2 of the Discussion Paper, it is important to ensure all Victorians can continue to be a part of their community and build on the networks and connections they already have. 'Community-controlled' organisations are ideally placed to do this, as they are initiated, run by and for affected communities, and have governance structures to ensure they are accountable to members of those communities.

Being community-controlled enables LGBTIQ+ and HIV organisations to deliver trusted, safe and culturally appropriate services to the communities they serve while also advocating for solutions that advance the quality of life of LGBTIQ+ people and people living with HIV.

Community-controlled organisations are agile, responsive and uniquely placed to provide relevant, cost-effective and efficient services as well as programs that address the evolving needs of their communities.<sup>14</sup> Australia has a strong history of community-controlled LGBTIQ+ and HIV organisations, with every state and territory establishing them in the 1970s and 1980s.

Supporting consumer choice through community-controlled LGBTIQ+ services is essential.

With LGBTQ+ people experiencing homelessness at significantly higher rates than the general population, there is an urgent need to establish community-controlled LGBTIQ+ homelessness and housing support services and to earmark crisis accommodation and housing specifically to tackle LGBTIQ+ homelessness and housing insecurity, with priority on the nomination rights for these properties given to community-controlled services.

#### **Recommendation 3**

Earmark a proportion of social housing constructed by Victoria's Big Build specifically to tackle the epidemic of LGBTIQ+ homelessness and give community-controlled LGBTIQ+ housing support services priority on the nomination rights for these properties.

<sup>14</sup> Nous Group, Demonstrating the value of community control in Australia's HIV response: AFAO and Australia's State and Territory AIDS Councils (Report, 24 June 2016) <<https://www.afao.org.au/wp-content/uploads/2017/10/Demonstrating-the-value-of-community-c-ontrol-in-Australia%E2%80%99s-HIV-response.pdf>>



## 4.2. Case study: Housing Plus

Housing Plus<sup>15</sup> is a state-wide program that supports people living with HIV who are homeless or at risk of homelessness to seek appropriate and stable accommodation. It was created in the 1990s as a service operated by the AIDS Housing Action Group. It was administered by Star Health until funding was retendered to Thorne Harbour Health in 2017.

The staffing model sees a Housing Co-ordinator and a small housing support team funded by Thorne Harbour Health and based at the Positive Living Centre, working with clients experiencing homelessness, clients in transitional properties and others in long-term housing. An Initial Assessment and Planning worker funded by Thorne Harbour Health and employed by Launch Housing is also based at Positive Living Centre two days a week. Alongside the support staff, Housing Plus has access to 38 one and two-bedroom transitional and permanent housing properties managed by either Housing Choices, Launch Housing or the Salvation Army.

Housing Plus is an example of a best practice, community-controlled housing support service. Its success has proven the benefit of community-controlled housing support services partnering with mainstream housing providers to ensure safe, appropriate and accessible service provision to people from marginalised groups while also streamlining referrals to community-controlled wraparound support services to address the drivers of homelessness and help keep people in housing.

### **Recommendation 4**

Sustainably fund Thorne Harbour Health's Housing Plus program to expand its community-controlled housing support offering to enable it to service LGBTIQ+ Victorians.

## 4.3. Home care for LGBTIQ+ people

The Home Care program at Thorne Harbour Health supports people living with HIV to remain independent and engaged in the community rather than in aged care.<sup>16</sup> Home care consists of a holistic combination of practical and social support to improve people's quality of life and is more cost-effective than institutional care. The expansion of this program to service LGBTIQ+ people would enable it to assist elderly LGBTIQ+ community members, which could both prevent them needing to enter the social housing system and assist those within social housing who are at risk of becoming homeless to remain in housing.

### **Recommendation 5**

Sustainably fund Thorne Harbour Health to provide home care for LGBTIQ+ people, including those accessing Housing Plus following implementation of recommendation 4.

<sup>15</sup> Thorne Harbour Health, Housing Plus (Website, 2020) <<https://thorneharbour.org/lgbti-health/hiv-positive-services/housing-plus/>>

<sup>16</sup> Thorne Harbour Health, *Community Support* (Webpage) <<https://thorneharbour.org/lgbti-health/community-support/>>

## 5. Mainstream housing and homelessness services and LGBTIQ+ people

### 5.1. Over-reliance on and distrust of mainstream services

Studies suggest that discrimination has been a significant obstacle to safe and appropriate housing and homelessness support service provision for LGBTQBIQ+ communities.<sup>17</sup> This is particularly true of faith-based services,<sup>18</sup> given their ability to lawfully discriminate against LGBTQBIQ+ people. The strong reaction of some elements of faith communities to the recent prohibition of conversion practices reinforces the fact that many LGBTQBIQ+ people, including LGBTQBIQ+ of faith, understandably do not feel safe accessing faith-based services.

LGBTIQ+ homelessness is exacerbated by a history of distrust towards mainstream homelessness and housing services due to experiences of discrimination, stigma, marginalisation, misinformation, harassment and violence. As a result, many LGBTQBIQ+ people report that they do not feel safe or comfortable using mainstream housing and homelessness services.<sup>19</sup>

*Private Lives 3* found that 21.4% of respondents prefer a health or support service that caters only to LGBTQBIQ+ communities.<sup>20</sup> No matter how well trained and affirming mainstream services are, there will always be a portion of LGBTQBIQ+ community members who prefer to use trusted community-controlled services. Current funding arrangements do not reflect this need. *Private Lives 3* also found that 15.9% of participants reported having experienced barriers to housing and/or accessing homelessness services because of their sexual orientation. Furthermore, three in ten trans and gender diverse participants reported having experienced barriers to housing and/or accessing homelessness services because of their gender identity.<sup>21</sup>

The *LGBTQ Homelessness Research Project* identified a lack of safety as a primary concern of LGBTQBIQ+ individuals seeking housing support, with interviewees citing negative experiences with other clients and staff.<sup>22</sup> Misgendering was highlighted as a critical problem, as was transgender women being at a high risk of violent assault when forced into male-only boarding houses.

In addition to expanded community-controlled LGBTQBIQ+ services, mainstream housing and homelessness services must be LGBTQBIQ+ inclusive to ensure people are safe in whichever service they access. A no wrong door approach should be the goal.

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<sup>17</sup> Op cit 1.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

<sup>20</sup> Op cit 2.

<sup>21</sup> Ibid.

<sup>22</sup> Op cit 1.

### **Recommendation 6**

Amend the *Equal Opportunity Act (Vic) 2010* to remove permanent statutory exceptions that allow religious bodies to discriminate against LGBTIQ+ people and others on the basis of what would otherwise be protected attributes in relation to employment and service provision.

### **Recommendation 7**

Fund mainstream housing and homelessness services to engage in LGBTIQ+ training and obtain Rainbow Tick accreditation.

## 5.2. LGBTIQ+ inclusive mainstream services

There are over 130 homelessness services in Victoria.<sup>23</sup> Individual homelessness service providers, including Launch Housing, FAN, Housing Choices, Wombat, VincentCare and others, have taken significant steps to boost data collection, increase staff training, develop tailored service responses, and implement systemic improvement projects to improve service delivery and support for LGBTIQ+ people.

The LGBTI Homeless and Housing Project was created in 2016, with funding from the Pride Foundation Australia.<sup>24</sup> To date, they have produced a landmark research report, *LGBTI Homelessness: Risks, Resilience, and Access to Services in Victoria* (2017), a Model of Care tailored to support trans and gender diverse people who are experiencing or are at risk of homelessness in Victoria, and training resources consistent with the independent Rainbow Tick accreditation system. The Council to Homeless Persons, the peak body representing organisations and individuals in Victoria, is a critical partner in many of these research and systemic improvement projects.

### 5.2.1. Real estate resources

A survey conducted by the Victorian Pride Lobby in 2019 found that 40% of LGBTIQ+ respondents reported discrimination against them in the housing market and when renting or buying a house.<sup>25</sup> Compared to previous surveys, housing is one of the few areas where discrimination of LGBTIQ+ people has increased from 1999 to 2020.<sup>26</sup> The City of

<sup>23</sup> Parliament of Victoria, Inquiry into Homelessness: Final Report (Report, 2021) <[https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/Inquiry\\_into\\_Homelessness\\_in\\_Victoria/Report/LCLSIC\\_59-06\\_Homelessness\\_in\\_Vic\\_Final\\_report.pdf](https://www.parliament.vic.gov.au/images/stories/committees/SCLSI/Inquiry_into_Homelessness_in_Victoria/Report/LCLSIC_59-06_Homelessness_in_Vic_Final_report.pdf)>

<sup>24</sup> Pride Foundation Australia, About Us (Website, 2020) <<http://www.lgbtihomeless.org.au/about-us/>>

<sup>25</sup> Victorian Gay and Lesbian Rights Lobby and Transgender Victoria, submission to the Victorian Parliament's Legal and Social Issues Committee Inquiry into Homelessness. (2020) Sub no. 387, 2, 6.

<sup>26</sup> Email from Sean Mulcahy, board member of the Victorian Pride Lobby, 6 April 2021.

Melbourne sought to address this by providing training for City of Melbourne based housing services, including real estate agents, but clearly more needs to be done across Victoria.

### **Recommendation 8**

Provide training and resources to all Victorian real estate agencies to promote LGBTIQ+ cultural understanding and a safer and more accepting environment.

## 5.2.2. LGBTIQ+ Inclusive Practice Guidelines

Housing and homelessness services, which receive public funding, should demonstrate how they are working to create a more inclusive service for LGBTIQ+ individuals. Guidelines for inclusive practice have already been developed, specifically for the housing and homelessness sector in Victoria,<sup>27</sup> a summary of which follows below. Additionally, services can also seek to undergo formal accreditation to work toward being LGBTIQ+ inclusive, such as the Rainbow Tick.

### **Guidelines for service workers:**

- **Disclosure and confidentiality:** Staff should explain processes for collecting, storing and sharing personal client information and need to respect an individual's choice whether to disclose their sexual orientation, gender identity and or sex.
- **Respectful communication:** Staff should ensure that conversations regarding sex, gender, sexual orientation and relationships are discussed in a culturally safe and appropriate way. Staff should also ensure that their language is person-centred and sensitive to an individual's needs and preferences.
- **Cultural safety:** Staff need to be aware that not all accommodation and support options are considered safe, appropriate, accessible or welcoming for LGBTIQ+ clients. Staff should explore different accommodation options with the individual and allocate based on self-identified needs and preferences.
- **Discrimination and harassment:** Staff should adopt a Zero Tolerance approach to discrimination and harassment and facilitate prompt responses to all reports of discrimination and harassment.
- **Specific support, referral, and advocacy:** Staff should have the knowledge required to connect LGBTIQ+ clients to appropriate support services as well as advocate on their behalf, facilitate informed decision making and support the client's needs and preferences.

<sup>27</sup> Ruth McNair and Cal Andrews, LGBTIQ+ Inclusive Practice Guide for Homelessness and Housing Sectors in Australia (Report, 2020) <[https://firebasestorage.googleapis.com/v0/b/gitbook-28427.appspot.com/o/assets%2F-M-mXcTS8qT\\_oERQPB6Z%2F-M2c2cuuDLqU8tmhWjey%2F-M2c2i4JSQe\\_iBjSWz15%2FLGBTQIHomelessness\\_GUIDE\\_Final%20March2020.pdf?alt=media&token=2c5d1287-9b57-4af4-92d4-40feaff02ec8](https://firebasestorage.googleapis.com/v0/b/gitbook-28427.appspot.com/o/assets%2F-M-mXcTS8qT_oERQPB6Z%2F-M2c2cuuDLqU8tmhWjey%2F-M2c2i4JSQe_iBjSWz15%2FLGBTQIHomelessness_GUIDE_Final%20March2020.pdf?alt=media&token=2c5d1287-9b57-4af4-92d4-40feaff02ec8)>

### Guidelines for service managers:

- **Organisational policies:** Service policies should be reviewed to ensure that they recognise and respond to diversity and intersectionality and employ safeguards to ensure equity and equality for LGBTIQ+ clients.
- **Procedures and facilities:** Services need to ensure that service improvements reflect and respond to the needs of LGBTIQ+ communities. This includes auditing physical safety and accessibility of services and responding to internal consumer feedback loops.
- **Consumer participation:** Organisations should enable and encourage co-design of their services through the regular inclusion, participation and engagement of consumers.
- **Staff training:** Services need to ensure that all staff engage in training to acquire the skills and knowledge needed to provide LGBTIQ+ inclusive support. This training should be supported to be ongoing.
- **Data capture and storage:** Services should review their data collection processes to ensure that they include a range of options and variations related to pronouns, gender, sex, sexual orientation and relationships.

#### Recommendation 9

Require, as part of their funding agreements, that all Victorian Government-funded housing and homelessness services demonstrate they are LGBTIQ+ inclusive, including by incorporating a requirement to adhere to standardised LGBTIQ+ inclusive practice guidelines.

#### Recommendation 10

Require, as part of their funding agreements, that all Victorian Government-funded housing and homelessness services collect LGBTIQ+ data to ensure they can understand and respond to the diversity of the clients using their services.

## 6. Transitional housing

### 6.1. Maintaining nomination rights

Thorne Harbour Health's Housing Plus program has nomination rights to 23 transitional housing management ('THM') properties with three housing providers within Melbourne. Changes to the THM program implemented in 2020 are a cause for concern.

The removal of nomination rights for transitional housing in the Southern and Bay regions, favouring a competitive placement model, has resulted in agency competition for placements and imposed an additional administrative burden on housing support services.

Nomination rights should be maintained, at a minimum, for Victoria's most vulnerable communities that experience disproportionately higher rates of homelessness, such as LGBTIQ+ people. As mentioned in section 4.1, a proportion of social housing should be earmarked to tackle the epidemic of LGBTIQ+ homelessness, and community-controlled housing support services given priority on the nomination rights for these properties.

### 6.2. Improving the vulnerability index

The Vulnerability Index / Prioritisation Tool for transitional housing placements does not adequately capture people living with HIV, LGBTIQ+ people or youth, increasing the likelihood that these vulnerable populations are excluded. Everyone who does not have a secure roof over their head is sufficiently vulnerable to warrant housing support.

The proposed transitional housing model may exclude people living with HIV. If the clients do not exhibit the comorbidities or experiences which are awarded points on the Vulnerability Index, such as legal issues, risk of exploitation or abuse, their HIV status may not be considered.

HIV can be reduced to undetectable viral loads by adhering to a strict regimen of medication. When the viral load is undetectable, the virus has minimal impact on the person's life and is not transmissible. This is an important tool in ending the HIV epidemic. There is evidence that periods of homelessness correlate with incomplete viral suppression due to an inability to manage medical supports and medication.<sup>28</sup> For this reason, we recommend that the vulnerability index prioritise people living with HIV as they may experience disproportionately adverse health outcomes resulting from periods of homelessness. We are likewise concerned by the exclusion of other vulnerable groups such as youth and LGBTIQ+ people.

The Department of Families, Fairness and Housing should acknowledge the unique needs and risks associated with people living with HIV, LGBTIQ+ people, and youth who experience homelessness. HIV status, LGBTIQ+ status, and being under age 21 should be included on the Vulnerability Index / Prioritisation Tool and considered a distinct category of housing prioritisation.

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<sup>28</sup> Crock, Elizabeth, 'Access to Healthcare Services for People Living with HIV Experiencing Homelessness-a Literature Review' (2016) 34(1) *Australian Journal of Advanced Nursing* 42.

### **Recommendation 11**

HIV status, LGBTIQ+ status, and being under age 21, should be indicated on the Vulnerability Index / Prioritisation Tool and considered distinct categories of prioritisation for housing.

## **6.3. Placement limits could do more harm than good**

In early 2020, the Salvation Army's Sunshine Office began requiring people in transitional housing to pursue private rental opportunities and imposed a 12-month limit on their transitional housing placement. This change adds significant stress to already vulnerable people and negatively impacts their mental and physical health. We are concerned that such a transitional housing model will increasingly favour people who can enter private rental, reducing access for the most vulnerable people.

The majority of Housing Plus' clients are on fixed government incomes, have a range of health needs and have low prospects of entering the workforce. Expectations that they will be able to actively navigate the highly competitive private rental market, even with substantial support, are unrealistic. Pressure to begin looking for private rental opportunities could significantly impact clients' mental health and well-being and our support relationship with them.

Placing additional burdensome requirements on people experiencing a range of disadvantages in transitional housing does not make sense. The 12-month limit on transitional housing placements and the removal of nomination rights on properties are Band-Aid solutions. They will increase throughput, making it appear as if transitional housing is working, but in practice, it will only cycle people through crisis accommodation and transitional housing and harm some of our most vulnerable Victorians.

### **Recommendation 12**

Do not impose limits on transitional housing placements that will harm the most vulnerable Victorians. The Big Build will help reduce pressure on transitional housing and better enable it to function as intended by increasing social and affordable housing stock.

## 7. Conclusion

LGBTIQ+ people who are homeless or at risk of homelessness cannot wait any longer for safe services and effective support.

LGBTIQ+ Victorians urgently need sustainably funded community-controlled housing and homelessness support that integrates with a range of high-quality health and wraparound support services. Thorne Harbour is well-placed to be a key partner for facilitating this initiative by expanding its successful and well-established Housing Plus program for people living with HIV to serve LGBTIQ+ people.

Few mainstream housing and homelessness services collect LGBTIQ+ data or train their staff to be LGBTIQ+ inclusive. Many LGBTIQ+ people fear stigma and discrimination when accessing mainstream housing and homelessness services. This is compounded by religious bodies' ability to lawfully discriminate against LGBTIQ+ people in employment and service provision. Much needs to be done to improve LGBTIQ+ inclusion in mainstream housing and homelessness services, but there will always be a proportion of consumers who prefer trusted community-controlled services.

Community-controlled services are trusted by the communities they serve because they are run by and for those communities. Expanding Housing Plus to serve LGBTIQ+ people would streamline referrals for LGBTIQ+ people to Thorne Harbour Health's range of wraparound support services that address some of the primary drivers of homelessness, including family violence and alcohol and other drug use, and ensure that LGBTIQ+ Victorians are not left out in the cold when looking for safe and affordable social housing.